

# Registration 2010/11

1. Complete all information.
2. Please read the Concordia Conservatory of Music & Art policies on pages 27–29 and sign the back of this form.
3. Submit tuition and nonrefundable registration fee with form.
4. Mail or fax to: Concordia Conservatory of Music & Art  
171 White Plains Road  
Bronxville, NY 10708

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Student Name Date of Birth

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School Presently Attending or Employer

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Home Address City/State/Zip

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Billing address if different from home address

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Home Phone Student Cell Phone Work Phone

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Email

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Parent/Guardian 1 Cell Phone Work Phone

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Employer

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Parent/Guardian 2 Cell Phone Work Phone

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Employer

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Emergency Contact Relationship Phone

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Please describe any medical conditions or special needs of which we should be aware.

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## Private Instruction

Instrument	Teacher	Length of Lesson	Date/Time 1st choice	Tuition
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Classes/Ensembles/Workshops

Class Title	Date/Time 1st choice	Tuition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Payment Information

Check enclosed made payable to Concordia College

Bill my credit card

\*Please note that Concordia College charges a 2% processing fee for all credit card charges.

Visa    MasterCard    American Express

\_\_\_\_\_

Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Tuition Total:** \$ \_\_\_\_\_

**Registration Fee:** \$ \_\_\_\_\_

**Discount:** \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

I would like to arrange for a monthly payment plan due on the **1st** or **15th** (circle one).

I promise to pay Concordia Conservatory of Music & Art monthly tuition payments.

Failure to adhere to payment plan will result in suspension of lessons or classes.

I have read and agree to the policies and general information on page

\_\_\_\_\_

Signature of student/parent/guardian

\_\_\_\_\_

Date

\_\_\_\_\_

FOR OFFICE USE